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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1. FY 2007 (Fees pursuant to the Consolidated Appropriations Act, 2005 (I	DPP4-5004-C3
Application Number 10/809,638	Filed March 24, 2004
For DIPEPTIDYL PEPTIDASE INHIBITORS	
Art Unit 1624	Examiner Habte, Kahsay
This is a request under the provisions of 37 CFR 1.136(a) to exapplication.	tend the period for filing a reply in the above identified
The requested extension and fee are as follows (check time pe	
One month (37 CFR 1.17(a)(1))	<u>e Small Entity Fee</u> 120 \$ 60 \$
X Two months (37 CFR 1.17(a)(2)) \$	\$ \$ 225 \$ <u>450.00</u>
Three months (37 CFR 1.17(a)(3)) \$ 1	,020 \$ 510 \$
Four months (37 CFR 1.17(a)(4)) \$ 1	.590 \$ 795 \$
Five months (37 CFR 1.17(a)(5)) \$2	,160 \$ 1,080 \$
Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2256 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71.	
X attomey or agent of record. Registration Number – 38,394	
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
MITHIR ROLL	At C. 2007
Signature	August 6, 2007 Date
Mitchell R. Brustein	(858) 622-8528
Typed or printed name	Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire intention one signature is required, see below.	st or their representative(s) are required. Submit multiple forms if more

This coaction of information is equired by 3F CFF 1,156(s). The information is required to obtain or relatin a benefit by the public which is to the tand by the USFFO in process an application. Confederability is powered by 55 U.S.C. 122 and 3F CFF.1.13 and 1.4. This collection is estimated to complete, including gathering preparing, and automitting the completed application form to the USFFO. Time will vary depending upon the individual case. Any comments on the semant of time yet require to complete in 6 mm and/or supposition for reducing this bustomer, should be sent to the Child Prison Tendor Supposition for reducing this bustomer, should be sent to the Child Prison Officer. FORMST 0.7 This ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1456, Alexandria, VA 22313-1450 if you need assistance in completing the form, and 1-400-07-0-198 and select option 2.